



Cancer Care Program Patient Referral Form

(Please reply to all questions)

Name: _____

HCN: _____

Date of Birth: _____

Surname: _____ First Name: _____ Initial: _____ Male _____ Female _____

Mailing Address: _____ City: _____

Province: _____ Postal Code: _____ Phone (Home) _____ (Cell) _____

Date of birth: DD/MONTH/YYYY HCN (Health Care Number): _____

Next of kin/contact: _____ Phone: _____

Family Physician: _____

Diagnosis: _____ Is the patient aware of the diagnosis? Yes _____ No _____

Reason for Consultation:

☐ Newly Diagnosed ☐ Recurrent/Progressive Disease ☐ 2nd Opinion ☐ Palliative Radiation Oncology (PRO)

Does the patient require an interpreter? ☐ Yes ☐ No If yes, for what language? _____

Does the patient have an infectious disease for which precautions need to be taken to protect staff and other patients?

☐ Yes ☐ No If yes, what infectious disease? _____

Patient's Location: ☐ Hospital ☐ Ward ☐ Home ☐ Other _____

Does the patient have any special needs?

☐ Wheelchair ☐ Stretcher ☐ Portable Oxygen ☐ Other _____

Referral to Patient Navigator: ☐ Yes ☐ No If yes, has patient been notified of referral: ☐ Yes ☐ No

There is additional information required when referring a patient to the Cancer Care Program

See Page 2 for a list of required tests to be completed (or ordered and in process) based on disease site.

Comments: _____

For emergency cases, please call the switchboard (709-777-6300) and have the appropriate Oncologist, i.e. Medical, Radiation or Gynecological Oncologist on call/consult paged.

Referring Physician (please print): _____ Phone: _____

Fax #: _____ Date: DD/MONTH/YYYY

Please complete and fax this form to 709-777-8215. Lack of pertinent information may result in delays in scheduling a patient appointment.

If you need to speak to the new patient registration clerical staff, please call 709-777-8214.

The Cancer Centre will notify your patient of the date and time of their appointment.

| REQUIRED FOR ALL DISEASE SITES (must be available in Electronic Record) | | |
|---|---|--|
| Bloodwork: Cancer Clinic Profile (CCP) for all sites | Operative Reports X-rays/Scans Consults | History & Physical Discharge Summary Pathology |

***CCP includes: CBC, Lytes, BUN, CR, LFT's, Ca, Uric Acid, Glu, LD, Mg, Albumin**

| | | | |
|---|--|--|--|
| <p align="center"><u>BREAST</u></p> <p>Reports: Breast imaging reports: Bilateral Mammogram U/S, MRI (if done) Chest X-Ray ER (estrogen receptor)/PR (progesterone receptor) status HER 2 status (must be requested) Node Positive--As above plus: CT (chest, abdomen) Bone Scan</p> <p>Bloodwork: As above</p> | | <p align="center"><u>HEAD & NECK</u></p> <p>Reports: CT (head, neck, chest & abdomen) Chest X-Ray Tri-endoscopy</p> <p>Bloodwork: As above</p> | |
| <p align="center"><u>COLORECTAL</u></p> <p>Reports: Colonoscopy/Sigmoidoscopy Barium enema report CT (chest, abdomen, pelvis) Neoadjuvant Chemoradiotherapy: As above, plus MRI of pelvis</p> <p>Bloodwork: As above plus: CEA (pre & post op)</p> | | <p align="center"><u>BRAIN</u></p> <p>Reports: MRI—pre & post op CT (brain)</p> <p>Bloodwork: As above</p> | |
| <p align="center"><u>PROSTATE</u></p> <p>Reports: TRUS with prostate volume High Risk Patient: As above plus: Bone Scan CT (chest, abdomen, pelvis)</p> <p>Bloodwork: As above plus: testosterone & PSA (last 2 yrs. PSA)</p> | | <p align="center"><u>LUNG</u></p> <p>Reports: Chest X-Ray CT (chest, abdomen, pelvis) Mediastinoscopy report (if done) CT brain (if done) Bone Scan (if done) Pulmonary Function Tests (if done)</p> <p>Bloodwork: As above</p> | |
| <p align="center"><u>GASTRIC/HEPATOBLILARY</u></p> <p>Reports: Gastroscopy CT (chest, abdomen, pelvis)</p> <p>Bloodwork: As above plus: -CA 19-9 for Pancreatic and Biliary -AFP for liver</p> | | <p align="center"><u>BLADDER/KIDNEY</u></p> <p>Reports: CT (chest, abdomen, pelvis) Urinalysis, Urine C&S Cystoscopy report</p> <p>Bloodwork: As above</p> | |
| <p align="center"><u>GYNECOLOGY</u></p> <p>Reports: Pap Test U/S or CT reports MRI pelvis (for suspected cervical)</p> <p>Bloodwork: As above plus: CA -125 (for suspected ovarian cancer)</p> | | <p align="center"><u>TESTICULAR</u></p> <p>Reports: CT (chest, abdomen, pelvis) U/S of Scrotum</p> <p>Bloodwork: As above plus: AFP, BHCG, LDH</p> | |
| <p align="center"><u>THYROID</u></p> <p>Reports: Iodine scan U/S of Thyroid</p> <p>Bloodwork: As above plus: TSH, T3, T4</p> | | | |

Referral Criteria For PRO (Palliative Radiation Oncology)

All Patients:

- Biopsy proven solid malignancy
- Imaging available (within 3 months of referral)

Bone Mets Patients:

- Painful bone metastases, Post-operative bone metastases
- Imaging available: x-ray ± bone scan; other: CT, PET/CT, MRI
- No indication of spinal cord compression
- No indication of impending or pathologic fracture

Brain Mets Patients:

- Imaging Available: CT brain ± MRI
- Patient started on dexamethasone if symptomatic from brain metastasis